



Authorization for Representation

. hereby authorize		
<u></u>	Name of Representative	
Number/Office Number	Street	
County	State	ZIP Code
to represent me and take action on my behalf regarding the Earnings Withholding Order for		
Taxes of the Employment Development Department dated		
and to represent me in my hearing protesting that same order.		
	Signature	
	County ny behalf regarding the Ear ent Department dated	Number/Office Number Street County State ny behalf regarding the Earnings Withhold ent Department dated